

## II

### GASTRO-INTESTINAL SYPHILIS

By DR. J. W. McNEE.

#### DISCUSSION

THE PRESIDENT, after saying how much obliged they were to Dr. McNee for his provocative address, remarked that her own experience of gastro-intestinal syphilis had not been very extensive. She remembered seeing two secondaries, with very severe gastric symptoms which subsided on administration of arsenic and bismuth. One was in one of the medical wards, where the woman had been vomiting for about ten days ; then it was discovered that she had extensive condylomata, and she was at once removed from the medical ward and anti-syphilitic treatment undertaken. The speaker had seen, in consultation with physicians, one or two cases believed to be syphilis of the stomach, and the achlorhydria was present in all of them, and the Wassermann reaction was positive in all. One of them did very well under treatment ; the other was only quite recently in the medical ward and was doing very badly. She was extremely neurasthenic from overwork.

Mr. AMBROSE KING said that there was need to emphasise the importance of doing the Wassermann, or other serological test for syphilis, in all cases of suspected lesions of the stomach in which diagnosis was doubtful. Although syphilis of the stomach was rare in this country it was possible that some unnecessary operations might be saved by this precaution.

Dr. McNee had expressed surprise at the large amounts of arsenicals administered in venereal clinics for the treatment of cases of early syphilis and fears that this must lead to a high incidence of jaundice and other effects of toxicity. Mr. King's own impression was that relative to the large number of cases treated these toxic effects were uncommon. They could in most cases be avoided by careful observation of the patients to detect early premonitory signs and symptoms of intolerance.

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He believed that, with these precautions, it was important to give a large total dosage of the arsenicals to prevent the widespread and intractable syphilis that might result from under-dosage.

Dr. DOUGLAS J. CAMPBELL said that he had had the fortune to see one case of gummata of the stomach. A routine Wassermann was always taken by his chief. The routine fractional test meal varied on several occasions. On the first occasion in this case there was some acidity. The X-rays suggested carcinoma. On the second occasion there was no acidity, and the case varied in this respect from day to day. Recourse was had to iodide and bismuth, and the result was rapid and amazing.

The question had often been raised of general practitioners not knowing that their patients were undergoing anti-syphilitic treatment. That was bound to happen, and the only way to circumvent the difficulty was by giving every patient, especially a panel patient, some prescription to take to his own doctor, thereby causing the patient himself to divulge his condition to his usual medical adviser.

Dr. DAVID NABARRO said that the subject under discussion was really rather scanty. Syphilis of the stomach and intestine was probably a very rare condition, but the gastric crises which occurred in tabes were important signs which were not infrequently misinterpreted. He could recall two cases which he had treated for a number of years with smallish doses of arsenic and bismuth alternately, and they both did very well. Curiously enough, both these cases failed to yield any history of syphilis, and that fact ought to be borne in mind when going into a patient's history. In both these cases the patients admitted to gonorrhœa, and syphilis acquired at the same time as gonorrhœa might lead to the absence of a primary lesion and of secondaries.

One thing that had struck him as rather curious in Dr. McNee's case was the enormous number of spirochætes in the lesion, although it was a gumma.

Dr. MCNEE said that the area in which the spirochætes were found was actively advancing and was different from the others ; it was an ulcerated red area.

Dr. NABARRO said that he had a fairly extensive experience of syphilis of the liver in children, and he remembered one case in which the physician who had

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sent him the patient for treatment was horrified that he should give arsenic. He treated the case, however, very carefully, giving him intramuscular injections of sulfarsenol, and the boy had done very well. Indeed, all his cases of syphilis of the liver had done well with arsenic.

He had seen a few cases of syphilitic nephritis, which was undoubtedly a serious condition, but he had known several children recover from it, even after extensive oedema. One child was unable to tolerate arsenic, but did well on mercury.

One wondered whether syphilis of the pancreas could have any relation to diabetes.

With regard to the question of over-dosage, he agreed that it was better to give a patient too much rather than too little, because to give too little was dangerous and might lead to nerve syphilis later on in life. In the case of women it might lead to a sense of false security by reason of the fact that they might give birth to one or two infants free from syphilis and afterwards have syphilitic children.

Dr. McNEE said that the amount of salvarsan compounds given regularly over a long period did really amaze him, and he was surprised that the liver could stand up to such large quantities. What the liver could do in such circumstances was well shown, not in syphilitic cases, but in tri-nitro-toluene poisoning during the war. He had watched a number of these cases, and although most of them were now dead, some had survived the poisoning and damage to the liver for a long time.

In discussing jaundice following salvarsan treatment, Dr. McNee said the real problem to the physician were the cases of "late jaundice," which might ensue six months or more after the end of a course of anti-syphilitic treatment. As things were at present, the general practitioner might be quite unaware that his patient had ever had syphilis or treatment for it, the injections being carried out at some V.D. Centre which could not communicate with him.

Were these prolonged and massive doses essential, Dr. McNee asked, and did early or late recurrences ensue without them? Were V.D. specialists still emphatic that iodides were the best treatment for gummata, or were other and newer anti-syphilitic remedies better?

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As he had pointed out, in reading the history of gastro-intestinal syphilis, iodides seemed to be the effective cure.

In this country the Wassermann reaction was not done as a routine in all hospital cases, as in America and other countries, and he regretted this. If done as a routine, both in public and private wards, it would remove all question of stigma. Physicians were more and more dependent on the Wassermann or other equivalent reaction, and he asked those present for an opinion as to whether, when the Wassermann test was negative in the blood, the test *must* be carried out in the cerebro-spinal fluid.

Dr. NABARRO remarked that very often the Kahn test was positive and the Wassermann test negative.

Dr. McNee had asked if any members of the Society had seen any cases of syphilis of the rectum, and Dr. A. H. Harkness described the following case: It was a man aged twenty-nine who was homosexual, and whose condition was diagnosed as one of carcinoma of the rectum, but subsequent investigation proved it to be a primary chancre. A few days after colostomy and perineal excision a rash developed, and the Wassermann and Kline tests were found to be positive. *Spirochæta pallida* were found in sections from the ulcer, and also in the lymphatic glands which were excised with the tumour.

Dr. McNee had mentioned the toxic effects of the arsenicals. Occasionally in cases of jaundice it is difficult to decide whether it is post-arsenical or a hepato-recurrence. At present Dr. Harkness had a case with a gumma of the penis, who developed a severe jaundice two days after receiving two injections of N.A.B. (0.75 gm. in all), and two injections of 0.3 gm. of metallic bismuth. He was sure that Milian would rightly regard the case as a hepato-recurrence, but he regretted to state that he had not had the courage to continue with the arsenic.

Dr. G. L. M. McELLIGOT asked Dr. McNee why it was that the cases of jaundice which were so many in a large clinic did not occur after the forty or sixty doses of N.A.B. which some of those present were in the habit of giving, but the cases did occur after three or five doses of neo-arsphenamine. He thought that at his own clinic he had had about 6 cases of jaundice during the last three

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years, and all of them had occurred during the first course. Ordinary precautions were taken. But there seemed to be something inherently wrong in these cases with the liver itself, and the issue did not depend so much on the amount of the drug given. He had very rarely seen a case, either at his own clinic or elsewhere, of jaundice or hepatitis occurring after several courses of arsenicals.

Dr. McNEE said that he had never found spirochætes in the human liver when death had occurred from spirochætal jaundice, yet if a guinea-pig were infected and killed in the active phase, the liver was swarming with spirochætes. He did not know how toxic dead spirochætes really were. The jaundice in the majority of cases of syphilis was not fatal, though it could be prolonged and severe. With regard to the rôle of the general practitioner, syphilis had got out of the general practitioner's hands, and it seemed to him a very unfortunate thing that any question of professional secrecy should mask the diagnosis for the man on the spot.

Dr. V. E. LLOYD agreed that gastric syphilis was undoubtedly rare. The reported cases, he thought, had all been following acquired syphilis in adults. Gastric syphilis in congenital infections appeared to be excessively rare.

The question of post-arsenical jaundice was one that was always with them; in most clinics there was a certain amount of jaundice. He himself had found, excluding cases which disappeared early during treatment, that the jaundice rate, including latent and manifest jaundice among persons who had been under treatment for six months to a year, was about 8 per cent. That accorded with the incidence of post-arsphenamine jaundice in England given in the recent report of the Health Organisation of the League of Nations. The bulk of his cases of jaundice appeared trivial, a very small number were severe, none of them fatal; and on comparing his own experience with that of earlier days he thought the conclusion must be reached that jaundice was far less severe than formerly.

In Guy's Hospital during the last year there had been several cases of cirrhosis of the liver, in which the only etiological factor that could be considered important was arsenobenzene treatment some years previously. He

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believed that more cases of this type might arise during the next five or ten years.

They would be taught more by physicians about such cases than they could learn themselves because these cases usually pass under a physician's care.

The CHAIRMAN said that the question of informing the general practitioner about anti-syphilitic treatment presented a difficulty which she did not think could ever be fully overcome. Time and again one had a patient in the clinic and suggested to him that he should go to his panel doctor, whereupon he replied, "Oh, no, I cannot tell him about this." She thought they could agree that no patient ever told any one doctor the whole truth. Each doctor got a facet of the patient's story.

Dr. McNEE, in replying on the whole discussion, thanked the Society very much for inviting him to come. He thought they all tended to work too much in isolated compartments, and it had been very interesting to him to hear the views of those who were giving anti-syphilitic treatment every day. He hoped they would not take too seriously what he had said about being amazed at the amount of treatment that these patients received, but he still thought it was wonderful what the liver would stand. The question of the general practitioner was a very serious one; as matters stood, the general practitioner might be utterly deceived through his lack of knowledge that the patient had had syphilis and been treated for it. They all knew how dangerous the late effects of syphilis could be, and the fact that the practitioner might have no knowledge of the infection, and the Wassermann might be suppressed by the anti-syphilitic treatment, seemed to him a very serious matter for the patient, and one that required very careful attention.

A vote of thanks was heartily accorded to Dr. McNee and the meeting concluded.